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Notification to ITS:

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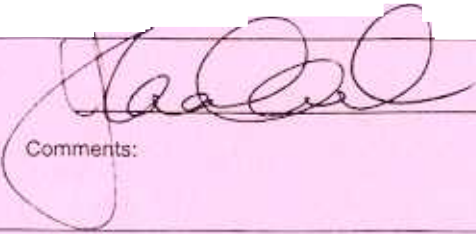


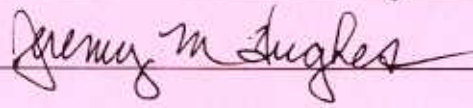

GRANT AWARD APPROVAL FORM

CHIEF ACADEMIC OFFICER

1. Official Name of Grant Program:		Date of SBE approval of grant criteria 8/8/02	
2003 - 04 (years)	Supplemental Educational Service Providers (title)	<input type="checkbox"/> Initial (type)	<input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Continuation
Legislation Authorizing this Grant Program:			
<input type="checkbox"/> Federal Grant CFDA Number		<input type="checkbox"/> State Grant <input type="checkbox"/> Other (Private, Foundation)	
2. Type and Purpose of Grant Program: (check one) Title I of NCLB requires state educational agencies to approve providers of supplemental educational services and to maintain and disseminate an approved list. Parents select providers from the state-approved list. Criteria for supplemental educational service providers were approved by the State Board of Education on August 8, 2002.		<input type="checkbox"/> Competitive <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Other Approval of Providers (specify) _____	
3. SBE Priorities and Policies that this Grant Program Supports: (check all that apply)			
<u>Priorities</u>		<u>Policies</u>	
<input checked="" type="checkbox"/> Integrating Communities and Schools		<input type="checkbox"/> Bullying	
<input type="checkbox"/> Elevating Educational Leadership		<input type="checkbox"/> Character Education	
<input checked="" type="checkbox"/> Embracing the Information Age		<input checked="" type="checkbox"/> Creating Effective Learning Environments	
<input type="checkbox"/> Ensuring Early Childhood Literacy		<input checked="" type="checkbox"/> Family Involvement	
<input type="checkbox"/> Ensuring Excellent Educators		<input type="checkbox"/> Safe Schools	
4. Grant Categories (if not described in Item 2):		<input checked="" type="checkbox"/> NOT APPLICABLE	
5. Target Population to be Served by Grant: Low-income students who are enrolled in Title I schools that have not made adequate yearly progress for three consecutive years.			
6. Total Funds Awarded: Not Applicable			
7. Eligible Applicants: Non-profit entities, for profit entities, institutions for higher education, intermediate school districts and local school districts that provide supplemental educational services in accordance with the State Board of Education approved criteria.			
8. Description of Priorities Given to Any Specific Population or Location: <input type="checkbox"/> NOT APPLICABLE If funding or service providers are not available for all eligible students, priority is given to the lowest-achieving eligible students.			
9. Grant Administration:			
Office Office of School Improvement	Unit Central Support	Contact Linda Brown	Phone 517-373-3921

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10. OFFICE	Office Director Approval Signature: <u></u> Phone: _____ Comments: _____	Date: <u>5/27/04</u>
11. BUDGET OFFICE	Budget Office Approval Signature: <u></u> Comments: _____	Date: _____
12. GRANTS OFFICE	Grants Office Approval Signature: <u></u> Comments: _____ <u>Exhibit C is not required.</u>	Date: <u>6/7/04</u>
13. DEPUTY SUPERINTENDENT	Deputy Superintendent Approval Signature: <u></u> Comments: _____	Date: <u>6-11-04</u>
14. SUPERINTENDENT	Superintendent Approval Signature: <u></u> Comments: _____	Date: <u>6-17-04</u>

INSTRUCTIONS:

- A. Complete items 1-10 on this form. The Grants Administration Unit will facilitate completion of items 11-14.
- B. Attach three (3) sets of Exhibits A, B, and C.
 Exhibit A---List of applicants (alphabetical order) recommended for funding, the amount requested, the amount recommended, and a three to five sentence abstract of the proposal.
 Exhibit B---List of applicants (alphabetical order) not recommended for funding and the amount each requested.
 Exhibit C---Map of Michigan indicating the location of recommended applicants.
- C. Attach the grant award letters for the Superintendent's signature and the non-award letters for the Service Area Director's signature. The letters should be submitted in the same order given in Exhibit A and/or B. For each final Grant Award Notification letter, a Grant Award Notification form (yellow sheet) also needs to be submitted for the Superintendent's signature.
- D. Transmit Grant Award Approval Form (pink), attachments, and letters to the Grant Administration Unit.

Recommended Supplemental Educational Service Providers

June 4, 2004

Benchmark Education Company
629 Fifth Avenue
Palham, NY 10803
914-738-6977

Chancellor Beacon Supplemental Services LLC
3250 Mary Street, Suite 202
Coconut Grove, FL 33133
305-648-5950

Socratic Learning Inc.
3601 Spring Mountain Dr.
Plano, TX 75025
866-762-7284

Sylvan Learning Center - Auburn Hills
23880 Edinburgh
Southfield, MI 48034
248-356-4283

The Homework Mastery Center
12508 Payton
Detroit, MI 48224
313-372-6888

The Leona Group L.L.C.
4660 S. Hagadorn Rd., Suite 500
East Lansing, MI 48823
517-333-9030

**Supplemental Educational Service Provider Applications
That Were Not Recommended for Approval
June 4, 2004**

**Aspiring Scholars of Michigan
546 Marlborough Street
Detroit, MI 48215
313-492-7353**

**Gordon's Tutoring Services
4339 Lakeside Drive
Kalamazoo, MI 49008
269-345-3277**

**RX Learning Center
11640 Townsquare Blvd, Suite 696
Cedar Springs, MI 49319
616-696-8260**

**Second Chapel Hill Baptist Church
14142 Fordham Street
Detroit, MI 48205
313-527-1910**

**Waterford School District
6020 Pontiac Lake Rd.
Waterford, MI 48327
248-682-0591**